

PAYMENT AGREEMENT

EXHIBIT 17

I, \_\_\_\_\_, having been determined not to be clearly  
(client's name)  
indigent pursuant to Section 47-1-111. MCA, hereby agree to reimburse the Office of the  
Public Defender for my attorney's fees at the rate of \$71.00 per hour, up to a maximum  
amount determined at the conclusion of my case based upon my ability to pay.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_

OPD # \_\_\_\_\_

\$71.00 x \_\_\_\_\_ hours = \$ \_\_\_\_\_

**Adjustment (if any):** ( \$ \_\_\_\_\_ )

**Amount owed:** \$ \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_

Mail payments to:

Office of State Public Defender

44 W. Park

Butte, MT 59701